

OPEN RECORDS REQUEST

City of Taylorsville P.O. 279 Taylorsville, KY 40071

Request:

Is the information requested to be used for commercial purpose?

☐ Yes ☐ No

*Commercial purpose is the direct or indirect use of any part of a public record, in any form, for sale, resale, solicitation, rent, or lease of a service or any use by which the user expects a profit either through commission, salary or fee. *Addendum Required.*

Name: _____ Business Hours Phone #: _____

Address: _____

I wish to ☐ obtain ☐ review copies of the following public records:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Signature: _____

Date: _____

Requests for city documents must be made to the City Clerk's Office.

The following rate for each request must be paid before item can be obtained:

Paper - \$.10 per page copied (8 1/2 X 11) for most public documents **CD/Audio Tapes \$2.00**

Receipt of Request

This application received by the City Clerk's office on:

Date: _____

Time: _____ A.M./P.M.

Signature of Person Receiving Application: _____

Request forwarded to: _____

Name/Department

Time: _____ A.M./P.M.

Response to Request

This section to be completed by person responding to request.

- ☐ The public records requested are attached for your review
- ☐ The public records requested are available for inspection in the office of the City Clerk and may be viewed or copied on _____ at _____ A.M./P.M.
- ☐ The public records requested are not available at this time OR
- ☐ Inspection is denied for the following reason(s):

Staff Personnel Signature: _____ Date: _____